BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							1	APPLICANTIS)					FILING DATE		
	Υ	FILED				C	LAIMS						-		
	IND.		1st AME	NDMENT	AF 2nd AME	TER NDMENT			1		1.			_	
1	7	DEP.	IND.	DEP.	IND.	DEP.	<u> </u>		 	т	<u> </u>		•		
2		 	 	ļ			<u> </u>	51	IND.	DEP.	IND.	DEP.	IND,	D	
3		2	 					52	 	 	┼	-			
4	T							53		 -	 	↓		1	
5	7							54		 	 	 			
6								55			┼	 	ļ	_	
7								56			 	-		_	
8								57			 	 			
9								58			 				
10				-			·	59							
11								30							
2								1							
3								2							
4								3						_	
5			[4							
7				T			6								
3				[6]			_	
					$- \bot$		6	_				$ \Box$			
		-]	69	_	-+						
		_					70	_					$-\bot$	_	
I							71								
							72			-					
4							73								
-							74	\perp				 -			
							75	\bot							
┥—		-			+-		76	4							
+					_	-	77	4-							
+							78	+-					_		
							80	+-			$ \square$			_	
	_						81	+-	 -						
		_				_]	82	†						_	
		_	_				83		_	+					
 			_		- ·		84			-					
<u> </u>			_				85			_	 -				
<u> </u>							86	L		1	 -	 -		-	
 		$oldsymbol{oldsymbol{oldsymbol{\Box}}}$					87			1					
-					+		88	<u> </u>					 		
				丁			89					_			
						-	90		_						
						-	91						_	\dashv	
				\bot	$oxed{\int}$	7	92 93							-	
	+	+-					94							\dashv	
	+	- 				J †	95		- 	∸┼					
_		+-		+	-	J [96		+	- -					
						- [97						-		
	4	I		+-	 	- -	98			_			 -		
v /				+	+	- -	99			_	_			4	
ř±		1		1	+-	┥ ト	100							ᆌ.	
<u> </u>	-		- -	 	J		OTAL ND.		1			_	+	\dashv	
<u>ci</u>			The same of] [3	OTAL EP.		_		لہٰ۔۔	 	اليل		
PTO		<u> </u>					OTAL		N. Contraction		(Trip more)	.,.			
			B YAM	E USED I	OR ADD	TIONAL CI					DEPARTA		100		